Fill in this informat	ion to identify your case:	
Debtor 1	Fred Smith, Jr.	_
Debtor 2 (Spouse, if filing)	Imani N Molock-Smith	_
United States Ban	kruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	19-13290-MDC	Check if this is:
(If known)		<ul> <li>An amended filing</li> <li>A supplement showing postpetition chapter</li> <li>13 income as of the following date:</li> </ul>
Official For	rm 1001	· ·

## Official Form 106I

## Schedule I: Your Income

12/15

MM / DD/ YYYY

For Debtor 1

For Debtor 2 or

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			
	employers.	Occupation	Substance Abuse Counselor	Dentist			
	Include part-time, seasonal, or self-employed work.  Employer		Gateway Foundation	Eastern Dental of Burlington, LLC			
Occupation may include student or homemaker, if it applies.		Employer's address	55 E. Jackson, Ste. 1500 Chicago, IL 60604	1030 St Georges Ave Avenel, NJ 07001			
		How long employed the	nere? July 2018	July 2019			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,879.05 \$ 9,672.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 4,879.05 \$ 9,672.00

Official Form 106l Schedule I: Your Income page 1

	tor 1 tor 2	Fred Smith, Jr. Imani N Molock-Smith	_	Ca	ase number ( <i>if known</i> )	19-1329	0-MDC	
	Сор	y line 4 here	4.	F	For Debtor 1 4,879.05		otor 2 or ng spouse 9,672.00	
5.	l iet	all payroll deductions:						
J.	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a. 5b. 5c.	. \$	0.00	\$ \$ \$	2,075.93 0.00 0.00	
	5d. 5e. 5f. 5g.	Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5d. 5e. 5f. 5g.	. \$	209.73 5 0.00 6 0.00	\$ \$ \$	0.00 16.45 0.00 0.00	
6.	5h.	Other deductions. Specify:  the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5h. 6.	.+ \$ \$		+ \$ \$	0.00	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	φ \$		\$	2,092.38 7,579.62	_
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a depender regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8a. 8b. <b>nt</b> 8c. 8d. 8e.	9 9 9	5 0.00 0.00 5 0.00 6 0.00 6 0.00	\$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	
	8g.	Pension or retirement income 2018 IRS and PA Tax Refunds	8g.	. \$	0.00	\$	0.00	
	8h.	Other monthly income. Specify: \$4,645	8h.	.+ \$	47.83	+ \$	0.00	 <del> </del>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	47.83	\$	0.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	3,697.84 + \$	7,579.	<b>62</b> = \$	11,277.46
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedu</i> de contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are notify:	ur depei		•	ed in <i>Sche</i>	edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certies				a, if it		11,277.46
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	m?				Combi month	ned ly income